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Bib Data Sheet

CONFIRMATION NO. 5069

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/777,362 | <b>FILING OR 371(c) DATE</b><br>02/12/2004<br><b>RULE</b> | <b>CLASS</b><br>717 | <b>GROUP ART UNIT</b><br>2192 | <b>ATTORNEY DOCKET NO.</b><br>BEAS-01313US1 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**  
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*Spotwood*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/446,878 02/12/2003 *ok ju*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None ju*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 05/11/2004

|  |                                |                            |                           |                                |
|--|--------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | <b>STATE OR COUNTRY</b><br>MA  | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>30 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                |                            |                           |                                |
| Verified and Acknowledged<br><i>[Signature]</i><br>Examiner's Signature  | <i>[Signature]</i><br>Initials |                            |                           |                                |

**ADDRESS**  
23910

**TITLE**  
System and method for hierarchical loading of EJB implementations

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1080 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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